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30452 7590 02/07/2008										
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IRVINE, CA 926	514					-3			(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		. ATT		NEY DOCKET NO.	CONFIRMATION NO.		
10/766,139	10/766,139 01/28/2004		Stefan Schreck		ECV-5541DIVCON		1979			
FITLE OF INVENTION: MINIMALLY-INVASIVE HEART VALVES WITH WIREFORMS										
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300		\$0	\$1740		05/07/2008		
EXAMINER		ART UNIT	CLASS-SUBCLASS							
MILLER, CHERYL L		3738	623-002170							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) EDWARDS: LIFESCIENCES CORPORATION IRVINE, CALIFORNIA										
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):		Individual 🖺 Co	rporatio	on or other private gro	up entity (Government	
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order - 1	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1225 (enclose an extra copy of this form).									
5. Change in Entity Stat	tus (from status indicate s SMALL ENTITY state	•	☐ b. Applicant is no	long	er claiming SMAL	L ENT	TTY status. See 37 CF	R 1.27(g)(2	2).	
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Typed or printed name	Registration No. 42,643									
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